

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>12/11/03</u>		2 Serial/Patent # <u>09/360,025</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 80%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 10%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$ 475.</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$	<input checked="" type="checkbox"/>	Extension of Time			\$ 475.		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND \$ 475.			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 80%;">Overpayment</td><td style="width: 20%;"></td></tr> <tr><td>Duplicate Payment</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> No Fee Due (Explanation):</td><td></td></tr> </table>		Overpayment		Duplicate Payment		<input checked="" type="checkbox"/> No Fee Due (Explanation):		8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;">Treasury Check</td><td style="width: 50%;"></td></tr> <tr><td>Credit Deposit A/C #:</td><td></td></tr> <tr><td>9</td><td>1 6 -- 0 6 3 1</td></tr> </table>			Treasury Check		Credit Deposit A/C #:		9	1 6 -- 0 6 3 1																																						
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<i>Extension filed after statutory period for reply.</i>																																																						
11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">               TYPED/PRINTED NAME: _____                SIGNATURE: <i>Latrice Bond</i>                OFFICE: <i>Office of Petitions</i> </td> <td style="width: 50%;">               TITLE: <i>Para Spec.</i>                PHONE: <i>3086911</i> </td> </tr> </table>					TYPED/PRINTED NAME: _____ SIGNATURE: <i>Latrice Bond</i> OFFICE: <i>Office of Petitions</i>	TITLE: <i>Para Spec.</i> PHONE: <i>3086911</i>																																																
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***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <i>Alvin Kell</i> DATE: <i>1/7/04</i>																																																						

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**